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CONFIRMATION NO. 1758

<b>SERIAL NUMBER</b> 09/963,777	<b>FILING OR 371(c) DATE</b> 09/26/2001 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> 1151.1106101
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**\*\* CONTINUING DATA \*\***  
 This application is a CIP of 09/964,079 09/26/2001 PAT 6,985,774  
 (which is a CIP of 09/963,991 09/26/2001 PAT 6,850,801)  
 which is a CIP of 09/671,850 09/27/2000 PAT 6,522,926

**\*\* FOREIGN APPLICATIONS \*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED-- SMALL ENTITY \*\***  
 \*\* 10/23/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 28	<b>TOTAL CLAIMS</b> 47	<b>INDEPENDENT CLAIMS</b> 7
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35 USC 119 (a-d) conditions met  
☐ yes ☒ no ☐ Met after Allowance

Verified and Acknowledged  
 Examiner's Signature: *Francis P. DeSoyza* Initials: *SPD*

**ADDRESS**  
 20350

**TITLE**  
 Electrode designs and methods of use for cardiovascular reflex control devices

<b>FILING FEE RECEIVED</b> 823	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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